

Applicant(s): Omry Ben-Ezra et al.
Serial No. : 10/560,654
Filed : May 1, 2006
Amendment Transmittal Letter
Page 2

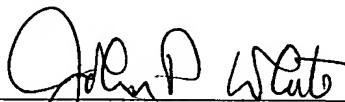
The following are also enclosed:

☐ One additional copy of this Amendment Transmittal Letter.
☒ Return Receipt Postcard
☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)
☒ A Petition for an Extension of Time, including a fee of
\$ 65.00 for a Petition for 1 Month(s) Extension of Time
☐ Other (identify): _____

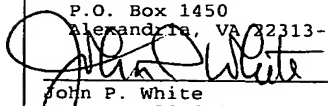
THE TOTAL FEE DUE IS \$ 65.00.

☒ A check in the amount of \$ 65.00 is enclosed.
☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
 6/4/07
John P. White Date
Reg. No. 28,678

Docket No. 75632/JPW/MCIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Omry Ben-Ezra et al.

Serial No. : 10/560,654 Examiner: J. Dietrich

Filed : May 1, 2006 Group Art Unit: 3762

For : VAGAL STIMULATION FOR ANTI-EMBOLIC THERAPY

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: June 4, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

 X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	46 -	* 50 =	*** 0 X	\$26	\$52	=	0	
Indepen- -dent Claims	2 -	** 2 =	0 X	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u> X </u> No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".